



Missouri Department of Revenue
**Motor Vehicle Registration and Tax Clearance Authorization
 and Release for Contractors and Officers Upon Agency Request**

Section 1 - Contractor must complete and does not apply to political subdivisions.

Federal Employer Identification Number	Missouri Tax Identification or Exemption Number	Charter or Certificate of Authority Number
Contractor's Doing Business As (DBA) Name		
Mailing Address		City, State, Zip Code
Legal Name of Contractor Filed With IRS for the Tax ID Number Listed Above		
IRS Form 1099 Mailing Address		City, State, Zip Code
Contact Person		
E-mail Address	Phone Number (____) _____ - _____	Fax Number (____) _____ - _____

List all motor vehicles, trailers, all-terrain vehicles, vessels, and outboard motors you own or co-own that are required to be titled in Missouri. Also list all leased units, if you are responsible for the registration and payment of personal property taxes on the units. Attach additional pages, if needed.

Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)

List each officer (or presiding officer) of the contractor and the officer's title. If a sole proprietorship, list the sole proprietor as an officer. Attach additional pages, if needed. Each officer must individually complete Section 2 of this form.

Officer's Name (First, MI, Last)	Officer's Title	Officer's Name (First, MI, Last)	Officer's Title

Do you own a business for which you are responsible for filing returns and paying any of the following Missouri taxes? Include any license offices for which you are currently the contractor.

Sales and Use Tax? Yes No Income Tax? Yes No Employer Withholding Tax? Yes No

If Yes to any of the above, complete the information on the next page for each business owned and for each motor vehicle, trailer, all-terrain vehicle, vessel, and outboard motor owned, co-owned, or leased by the business, if the business is responsible for the registration and payment of personal property taxes on such leased unit. Attach additional pages, if needed.

Section 1 - Continued

Business #1 Does the business have employees? Yes No

Federal Employer Identification Number				Missouri Tax Identification or Exemption Number				Charter or Certificate of Authority Number			
Business Information, Doing Business As (DBA) Name								Legal Name of Business, Filed With IRS for the Tax ID Number Listed Above			
IRS Form 1099 Mailing Address						City, State, Zip Code					
Contact Person								E-mail Address			
Phone Number (____) _____ - _____								Fax Number (____) _____ - _____			

Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)
Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)
Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)
Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)

Business #2 Does the business have employees? Yes No

Federal Employer Identification Number				Missouri Tax Identification or Exemption Number				Charter or Certificate of Authority Number			
Business Information, Doing Business As (DBA) Name								Legal Name of Business, Filed With IRS for the Tax ID Number Listed Above			
IRS Form 1099 Mailing Address						City, State, Zip Code					
Contact Person								E-mail Address			
Phone Number (____) _____ - _____								Fax Number (____) _____ - _____			

Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)
Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)
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Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)

Signature(s)

As an authorized signatory for the contractor identified above, by my signature at the bottom of Section 1 below, I hereby authorize the Missouri Department of Revenue (Department) to check for compliance for at least the last five years of the: (1) Federal and Missouri tax records including, but not limited to, individual income tax, corporate tax, sales and use tax, withholding tax, and employment security tax pertaining to the contractor and to any corporations, partnerships or companies for which the contractor is responsible; (2) title and registration records on all vehicles, trailers, ATVs, vessels, and outboard motors (units) that the contractor and any business for which the contractor is responsible owns or co-owns for proper registration and any outstanding sales and use tax delinquencies; and (3) property tax payment records on the above units as well as those units leased by the contractor or business, if the contractor or business is responsible for the registration and payment of personal property taxes on such leased units. I do hereby release the Department, and other persons, firms, corporations, and institutions from any and all liability or responsibility in the conduct of any such check or investigation and the disclosure of any information relating thereto. The authorization reflected on this Section 1 shall remain in full force and effect until such time as actual notice of termination of such authorization is delivered in writing to the Department. A copy of this authorized form shall have the same effect as the original. I solemnly swear or affirm that the facts stated herein are true and accurate to the best of my knowledge and belief.

Authorized Signature _____ Name (Typed or Printed) _____
 Title or Position _____ Date (MM/DD/YYYY) ____/____/____

Department Use

The Department of Revenue tax compliance review has been conducted.
 Signature _____ Date (MM/DD/YYYY) ____/____/____

The motor vehicle and registration records and the personal property tax records for the vehicles listed above have been verified.
 Signature _____ Date (MM/DD/YYYY) ____/____/____

Business #2 Does the business have employees? Yes No

Section 2 - Continued

Federal Employer Identification Number			Missouri Tax Identification or Exemption Number			Charter or Certificate of Authority Number		
Business Information, Doing Business As (DBA) Name			Legal Name of Business, Filed With IRS for the Tax ID Number Listed Above					
IRS Form 1099 Mailing Address			City, State, Zip Code					
Contact Person					E-mail Address			
Phone Number (____) _____ - _____					Fax Number (____) _____ - _____			

Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)
Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)
Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)
Year	Make and Model	Vehicle Identification Number or Missouri Title Number	Co-Owner Name, if applicable (First, MI, Last)

Signature(s)

By my signature at the bottom of Section 2 below, I hereby authorize the Missouri Department of Revenue (Department) to check for compliance for at least the last five years: (1) my Federal and Missouri tax records including, but not limited to, individual income tax, corporate tax, sales & use tax, withholding tax, and employment security tax pertaining to me personally (and my spouse, if married and filing combined returns) and to any corporations, partnerships or companies of which I am an owner or may be a responsible person or officer; (2) the title and registration records on all vehicles, trailers, ATVs, vessels, and outboard motors (units) that I and any business for which I am responsible owns or co-owns for proper registration as well as those units leased by the contractor or business, if the contractor or business is responsible for the registration and payment of personal property taxes on such leased unit and any outstanding sales & use tax delinquencies; and (3) my personal property tax payment records on the above units. I do hereby release the Department, and other persons, firms, corporations, and institutions from any and all liability or responsibility in the conduct of any such check or investigation and the disclosure of any information relating thereto. The authorization reflected on this Section 2 shall remain in full force and effect until such time as actual notice of termination of such authorization is delivered in writing to the Department. A copy of this authorized form shall have the same effect as the original. I solemnly swear or affirm that the facts stated herein are true and accurate to the best of my knowledge and belief.

Name (Typed or Printed) _____

Authorized Signature _____ Date (MM/DD/YYYY) ____/____/____

Spouse's Name, if applicable (Typed or Printed) _____

Spouse's Signature, if applicable _____ Date (MM/DD/YYYY) ____/____/____

Department Use

The Department of Revenue tax compliance review has been conducted.

Signature _____ Date (MM/DD/YYYY) ____/____/____

The motor vehicle and registration records and the personal property tax records for the vehicles listed above have been verified.

Signature _____ Date (MM/DD/YYYY) ____/____/____